



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT  
Division of Workforce Solutions  
Bureau of Partner Services

TO: **Economic Support Supervisors  
Economic Support Lead Workers  
Training Staff  
Child Care Coordinators  
W-2 Agencies**

FROM: Amy Mendel-Clemens  
CARES Call Center  
Policy & Systems Communications Section

SUBJECT: **Management Evaluation Quality  
Control (MEQC)**

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**BPS OPERATIONS MEMO**

No.: 02-30

File: 2799

Date: 05/07/2002

Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: HIGH

**CROSS REFERENCE:** *MA Handbook*, 34.0.0  
*Income Maintenance Manual*, II, D, 9.0.0  
*CARES Guide*, Chapter VIII

**EFFECTIVE DATE:** May 1, 2002

**PURPOSE**

This memo provides local agencies with information about the 2002 Management Evaluation Quality Control (MEQC) process for the Medicaid program.

**BACKGROUND**

States are required to conduct quality control reviews for the Medicaid program. For the past several years, Wisconsin has conducted special projects that focus on a particular coverage group, policy or process rather than a broad quality control review of the entire Medicaid population.

For federal fiscal year (FFY) 2002, the Division of Health Care Financing (DHCF) is conducting another special project focused on evaluating the impact of Medicaid Program Simplification and reduced verification changes which were implemented statewide in July 2001.

The primary goals of the MEQC 2002 review project are to:

- Assess the impact of Program Simplification on the accuracy of Medicaid eligibility determinations and identify potential areas for policy and program improvement.
- Evaluate the impact that Program Simplification has had on customer service and the workload of county/tribal agencies.

### **PROCESS:**

A random sample of CARES cases with application or denial/termination dates from October 2001 through September 2002 will be selected monthly. To assess the impact of program simplification on the accuracy of Medicaid eligibility determinations, DHCF staff will review both "active" and "negative" actions.

- 400 "active" cases will be randomly selected and reviewed to determine if the Medicaid eligibility determination was correct. "Active" cases are defined as those where Medicaid was certified for one or more household members during the month of review.
- 220 "negative" cases will be randomly selected and reviewed to determine if the denial, suspension, or termination of Medicaid eligibility was correct, and if requirements for timely notice of negative action were met. "Negative" cases are defined as those where Medicaid eligibility was denied, or had been terminated/suspended for 30-60 days during the review month.

DHCF needs assistance from local agency staff in the following ways:

1. Identify a contact person in your county/tribal IM agency for MEQC communication. Notify DHCF of this person's name, title, telephone number and e-mail address no later than May 24, 2002. Mail or fax to:

Division of Health Care Financing  
Attention: Vicki Jessup, BHCE  
P.O. Box 309  
Madison, WI 53701

FAX: 608/261-6861  
Email: [jessuvl@dhfs.state.wi.us](mailto:jessuvl@dhfs.state.wi.us)

2. Upon request, mail or fax a copy of the Medicaid application submitted for all cases selected for review. In the rare instance when additional information is needed, the case file may also be requested.

DHCF will be conducting reviews from June through December, 2002. Some local agencies will begin receiving requests for the Medicaid applications within the next few weeks.

3. The MEQC contact will be notified of the results of the quality assurance review. If the eligibility determination is considered to be correct, no further action is needed. If a potential eligibility error is identified, the agency will be contacted and asked to review case circumstances.

- a. If you disagree with the finding, communicate the reason in writing (e-mail or regular mail) to DHCF within 14 days. DHCF staff may contact you by phone to further discuss case circumstances.
- b. If, after the review period, the final determination is that an eligibility error occurred, initiate corrective action within 30 days and communicate in writing to DHCF staff about the corrective action that was taken. Corrective action may include:
  - Re-determination, restoration and/or termination of Medicaid eligibility.
  - Requesting verification or additional information from the client or a third party.
  - Initiating the benefit recovery process when it is determined that an overpayment occurred due to client error.

To evaluate the impact of Program Simplification on customer service, DHCF has contracted with a community-based organization, ABC for Health, to develop and conduct a customer survey.

To evaluate the impact of Program Simplification on local agencies, DHCF will develop and conduct an online survey of eligibility workers. DHCF intends to use information obtained from the case reviews and surveys to identify potential areas for policy and program improvement.

## CONTACT

Regional Area Administrator's Office or

DWS CARES Information & Problem Resolution Center

Email: [carpolcc@dwd.state.wi.us](mailto:carpolcc@dwd.state.wi.us)  
Telephone: (608) 261-6317 (Option #1)  
Fax: (608) 266-8358

Note: Email contacts are preferred. Thank you.